

INTERESTED IN AN EMT CAREER?

The Enfield EMS Department

Announces a written exam for the position of

Basic EMT

SALARY: 24,960 PLUS BENEFITS

The Enfield EMS Department is seeking applicants for employment and for volunteers interested in an EMS Career.

Experience and training required for both are:

- * Two (2) years full time work experience (or four (4) years as a volunteer) as an EMT
- * Completion of high school or possession of a high school equivalency diploma AND
- * Minimum current State of Connecticut EMT-Basic Certification AND
- * Current certification in BLS AND
- * Current certification in CPR AND
- * Possession and maintenance of a valid motor vehicle operator's license and an acceptable driving record.

Applicants must pass the following:

- A written test to assess your ability on material, to reason, to solve problems and apply sound situational judgment.
- A physical fitness assessment to determine your strength, agility and general physical fitness.

Later phases of the process will include oral board interview, background investigation, psychological examination, medical examination and drug testing.

Applicants must be at least 18 years old at the time of testing.

Your completed application must be received on or before **April 7, 2005**. Late applications will not be accepted.

IMPORTANT DATES

April 7, 2005	Completed applications received by the Human Resources Department by 5:00 p.m. Mail to: Town of Enfield, HR Department, 820 Enfield St., Enfield, CT 06082
April 9, 2005	Date of written test. You must take the test on this date. There will be no makeup dates. Check in is 8:30, test begins promptly at 9:00 a.m. <i>Tests will be scored the day of the exam.</i> Test location is the Enfield High School, 1264 Enfield Street (Route 5).
April 9, 2005	Physical Ability Assessment immediately following the written exam. Dress in appropriate attire. <u>You must pass the written exam in order to be eligible to take the Physical Ability Assessment.</u> Interviews will be scheduled same day.
April 11 - 15, 2005	Interviews conducted.
April 19 - 29, 2005	Conditional offers presented, background investigation, psychological & drug testing.

The Town of Enfield
Announces a Written Exam
for the Position of

Basic EMT

Application Deadline:
Thursday, April 7, 2005

Salary: 24,960 plus benefits

Discrimination because of race, color, sex or sexual orientation, religion, age, national origin, disability or veteran's status is prohibited by law. The Town of Enfield actively supports this legislation. EOE/AA/M/F

Application Requirements

1. **Town of Enfield Basic EMT Application.**
2. **Certified copy of your current driving record from the Department of Motor Vehicles.**
3. **Copies of all certificates you hold (both front and back).**
4. **Completed Medical Approval form for the Physical Ability Assessment**

Applications must be received by the Human Resources Department no later than 5:00 p.m. on APRIL 7, 2005 to be considered. Late applications will not be accepted.

Minimum Qualifications

EXPERIENCE AND TRAINING:

- * Two (2) years full time work experience (or four (4) years as a volunteer) as an EMT
- * Completion of high school or possession of a high school equivalency diploma AND
- * Minimum current State of Connecticut EMT-Basic Certification AND
- * Current certification in BLS AND
- * Current certification in CPR AND
- * Possession and maintenance of a valid motor vehicle operator's license and an acceptable driving record.

All licenses and certifications must be valid at time of application, hiring and throughout employment. Maintenance of these valid licenses is a condition of employment.

At the time of appointment and during employment, EMT's must meet the medical and physical standards established by the EMS Director. Incumbent EMT's must continue to meet or exceed all requirements for maintenance of State of Connecticut EMT certification during employment with the Town.

TRAINING: Graduation from high school or its equivalent as evidenced by possession of a state high school diploma issued by the State Board of Education. Must attend and successfully complete any training program either mandated by law or by the EMS Department. Must attend and successfully complete any non-mandatory training program voluntarily accepted; must attend and successfully complete any mandatory refresher courses or tests of ability designed to ensure skill and knowledge in areas of performance.

DRIVER'S LICENSE: Must possess and maintain a valid motor vehicle operator's license and satisfactory driving history. *An individual may not be considered for appointment if he or she has had a major violation within a three-year period, four or more motor vehicle violations other than major within a three-year period, or suspension or revocation of a license for any reason in the past five years. A valid Driver's License is required at the time of appointment.*

RESIDENCY REQUIREMENT: Candidates must be U.S. Citizens and shall be required to reside within twenty-five (25) miles of the boundaries of the Town within one (1) year of appointment.

KNOWLEDGE, SKILL AND ABILITY: Good knowledge of emergency medical conditions, techniques and procedures; good social skills and general intelligence; good powers of observation; ability to operate bio-medical and telecommunications equipment; ability to perform calmly and efficiently in crisis situations; ability to maintain records and prepare reports using a computer; ability to understand written laws and apply them to specific situations; physical strength adequate to lift unconscious patients; ability to operate specially equipped vehicles under emergency conditions, willingness to work nights, weekends, holidays and assigned shifts, willingness to work with unpaid volunteers who will be performing the same functions as paid personnel; willingness to assist in training activities for both paid and volunteer personnel; willingness not to smoke during "on duty" hours; willingness to maintain vehicles, equipment and station house in good condition; willingness to maintain physical conditioning commensurate with the demands of the position. *No applicant will be accepted with any drug related conviction, felony conviction, conviction for any Class A or Class B misdemeanor.*

NOTE: Applicants may exclude any convictions or arrests which have been erased from your record pursuant to Connecticut General Statutes §§ 46b-146, 54-76o or 54-142a. Erased records include the following: (a) a finding of delinquency or that a child was a member of a family with service needs; (b) a sentence as a youthful offender; (c) a criminal charge that was dismissed or "nolled"; (d) a criminal charge for which the person was found not guilty; and (e) a conviction for which the person received an absolute pardon. For erased convictions or arrests you are considered to have never been arrested and may swear so under oath.

GENERAL STATEMENT OF DUTIES: These duties involve responsibility for providing emergency medical services. Employees in this position operate specially equipped vehicles. When engaged in providing emergency medical services, incumbents are in radio contact with and may receive direction from paramedics and/or supervising physicians.

SUPERVISION RECEIVED: The work is performed under the direction of the Emergency Medical Services Director who makes assignments, reviews work in progress and upon completion does related work as required. On scene, the EMT will perform under the direction of a paramedic if one is on scene.

ESSENTIAL FUNCTIONS: Operates specially equipped vehicles to respond to emergencies and provides care to stabilize persons with life threatening problems resulting from trauma or other medical emergencies; Participates in the provision of emergency medical treatment to accident or other victims such as extrication, splinting, immobilization, airway management, CPR, Hemostasis, IV therapy and drug administration (within existing protocols), ECG monitoring, defibrillation, etc. Monitors and transmits assessment and vital signs information via radio or telephone; Keeps records of emergency calls, patient treatment and problems encountered and solutions rendered in the course of duty; Maintains equipment on specially equipped vehicles in appropriate operating condition; Participates in emergency training of police, fire and EMS personnel as well as members of the community; Conducts initial scene assessments, initiates and participates in the incident command system on the scene of incidents; Assists the EMS Director or his designees with public information and education in activities such as CPR etc.; Maintains station house and apparatus in good condition.
Regular and punctual attendance.

Any omission, falsification, fabrication, lie or misleading statement will automatically result in disqualification from further consideration with the Town of Enfield.

Method of Selection

The examination process includes: Written Examination, Physical Ability Assessment, Oral Board Interview & Extensive Background Investigation.

Written Examination: The date for the written examination is Saturday, April 9, 2005 at 9:00 a.m. **Plan to arrive at 8:30 to check in. You must show a picture ID with you the day of the exam.** The minimum passing score on the written examination is 70. You must pass the written examination to be eligible for an invitation to the oral board interview. Candidates who fail to achieve the minimum passing score on the written examination will be disqualified from any further consideration for the position. The Town of Enfield reserves the right to administer a second written examination at its discretion.

Physical Ability Assessment: Candidates who pass the written exam will have to meet departmental physical fitness standards, including but not limited to: bending, squatting, kneeling, walking on uneven ground, climbing stairs, lifting 100 - 150 lbs, and perform CPR. ***The Physical Ability Assessment will immediately follow the written exam on April 9, 2005 for those with passing scores only on the written exam.***

Oral Board Interview: The last phase of the examination for Basic EMT will be an interview before a panel of EMS, and/or personnel representatives. This phase of the examination is designed to aid in the determination of a candidate's maturity, communication skills and motivation for the position. The Town reserves the right to limit the number of candidates who are invited to the oral interview. Candidates who have passed the written examination, but who have failed this portion of the examination, will be disqualified at this time from any further consideration for the position of Basic EMT.

Background Investigation: A thorough background and character investigation will be conducted for the specific purpose of obtaining pertinent data for the Town of Enfield EMS Department to consider in determining suitability for employment as a Basic EMT. Eligible candidates will be requested to authorized a release of personal information, however personal or confidential it may appear to be, including but not limited to: educational, financial/credit agencies and institutions, medical history, employment history, legal complaints, arrests or convictions, and motor vehicle history.

The Human Resources Director reserves the right to reject any eligible candidate whom, on the basis of background and character investigation or medical examination, does not appear to be the most suitable qualified candidate for the position in accordance with provision of the Town of Enfield Personnel Rules.

If you fail to appear for any part of the examination process, or if you do not pass any part of the examination, your name will be removed from any further consideration.

An individual appointed to the position must satisfactorily complete a nine (9) month probationary period.

Failure to complete and submit ALL application materials by the closing date of April 7, 2005 will automatically disqualify your application.

Discrimination because of race, color, sex or sexual orientation, religion, age, national origin, disability or veteran's status is prohibited by law. The Town of Enfield actively supports this legislation. EOE/AA/M/F

Requirements for the Certification of Physical Ability

The Physical Ability Assessment

Passing the Physical Ability Assessment is a prerequisite for candidacy with Enfield EMS Department. The Physical Ability Assessment includes the following three components:

Tested Skill	Critical Subsets
Walk up flight of stairs with 3 pieces of equipment and proceed thru closed doorway.	<ul style="list-style-type: none">• Placing equipment on the ground• Having to make more than 1 trip with the equipment• Dropping of any equipment, including items out of equipment bag
Set equipment down and perform 1 rescuer CPR, per AHA standards, until told to stop.	<ul style="list-style-type: none">• Use universal precautions• Use of appropriate barrier device• Proper use of BVM• Correct sequence of AED at proper point• Use of supplemental oxygen at appropriate flow rate• Use of appropriate airway adjunct<ul style="list-style-type: none">○ Correct size selected○ Correct method of insertion
After being instructed to stop CPR, raise 100lb barbell to waist level and walk backward for 100ft.	<ul style="list-style-type: none">• Sitting barbell down prior to being instructed to do so• Dropping of barbell• Lifting by bending at waist only

Complete Health & Injury Prevention Inc. (CHIP) administers the Physical Ability Assessment for Basic EMT for the Town of Enfield.

In order to take the Physical Ability Assessment

Candidates must bring the following three (3) items on test day in order to be permitted to take the Physical Ability Assessment:

1. Medical Approval Form signed and dated by a Physician.
2. Registration Form
3. A non-refundable \$40.00 assessment fee (cash only, receipts will be provided)
(volunteer applicants are not required to pay the assessment fee)

-
- Appropriate athletic attire should be worn to the assessment including sneakers.
 - You must pass the written exam in order to be invited to the Physical Ability Assessment.

Town of Enfield
EMS Department
293 Elm Street
Enfield, CT 06082
(860) 763-8989

Complete Health and
Injury Prevention, Inc.
P.O. Box 774
Meriden, CT 06450
(203) 235-5865

Physical Ability Assessment
Medical Approval Form

To be filled in by Physician:

This is to certify that I have reviewed the attached for elements of the *Enfield Basic EMT Standards* Physical Ability Assessment. After reviewing said document, it is my professional opinion that the candidate named below:

Candidate's Name: _____

Department(s) Applying to: _____

CAN SAFELY PERFORM THE PHYSICAL ABILITY ASSESSMENT.

Physician's Signature: _____ Date: _____
(M.D. or D.O)

Physician's Name and
Address (Type or Imprint
With Office Stamp

Registration Form

Complete this form and bring it with you along with a completed Medical Approval Form and a non-refundable \$40.00 assessment fee to the Physical Ability Assessment.

(fee waived for Volunteer Applicants)

Neatly print or type below:

Name _____
 First Last MI

Age _____ *(circle one)* Male / Female

Address: _____

 City State Zip

Home Phone () _____ Other Phone () _____

Location of Assessment: Enfield High School, Enfield, CT

Assessment Date: April 9, 2005

(Only applicants who have passed the written test will be invited to take the Physical Ability Assessment)

BASIC EMT EMPLOYMENT APPLICATION

TOWN OF ENFIELD

(also for Volunteer Application Use)

THIS APPLICATION MUST BE RECEIVED NO LATER THAN **APRIL 7, 2005**. LATE APPLICATIONS WILL NOT BE ACCEPTED.

You must be at least 18 years of age in order to be considered.

NOTE: Discrimination because of race, color, sex or sexual orientation, religion, age, national origin, disability or veteran's status is prohibited by law. The Town of Enfield actively supports this legislation.

IMPORTANT: This application is considered part of the examination process, and **MUST** be fully completed. **DO NOT ENCLOSE A RESUME.** Incomplete applications may be rejected. Be brief, but you should include all important information related to your qualifications for this position. All statements are subject to investigation and any facts found to be false, exaggerated or misleading may result in your disqualification.

PERSONAL INFORMATION

DATE _____, 2005 SOCIAL SECURITY # --
Month Day Year Please write one number in each box

NAME _____
Last First Middle

CURRENT ADDRESS _____
Number and Street City State Zip

DAY PHONE # () _____ EVENING PHONE # () _____

Are you Applying for a Volunteer position? (circle one) YES NO

Check All EMS Credentials Held. You must currently hold Basic EMT credentials in order to be considered. *Provide copies of your certificates (front and back).*

<input type="checkbox"/> CPR _____ <small>Exp. Date</small>	<input type="checkbox"/> EMT # _____ <small>Exp. Date</small>	<input type="checkbox"/> AEMT # _____ <small>Exp. Date</small>	<input type="checkbox"/> Paramedic # _____ <small>Exp. Date</small>	<input type="checkbox"/> NREMT-P # _____ <small>Exp. Date</small>
<input type="checkbox"/> REMO ID # _____ <small>Exp. Date</small>	<input type="checkbox"/> BCLS _____ <small>Exp. Date</small>	<input type="checkbox"/> ACLS _____ <small>Exp. Date</small>	<input type="checkbox"/> PALS _____ <small>Exp. Date</small>	<input type="checkbox"/> HazMat Awareness _____ <small>Exp. Date</small>

Driving/Criminal Record

Driver's License # _____ Restrictions _____

Please circle your answer to the right for the questions below.

Has your Driver's License ever been suspended?	YES	NO
Have you eve been convicted of a crime involving violence?	YES	NO
Are you currently on parole, probation, work release program or on bail?	YES	NO

Have you been immunized against Hepatitis-B? Yes No If Yes, give date: _____

Medical – Do you have any medical or physical problems that prevent you from:

- | | | |
|---|---|---|
| <input type="checkbox"/> Doing CPR? | <input type="checkbox"/> Lifting 100 – 150 lbs? | <input type="checkbox"/> Climbing/Descending Stairs? |
| <input type="checkbox"/> Carrying 70 lbs of equipment? | <input type="checkbox"/> Driving a Vehicle? | <input type="checkbox"/> Wearing Respiratory Protection |
| <input type="checkbox"/> Bending, squatting, kneeling, walking on uneven ground | | |
| <input type="checkbox"/> Any other physical condition(s) which would prevent you from meeting the requirements of being an EMT, AEMT, Driver? | | |

EDUCATION

For each category below, circle the highest educational level you have completed.

High School

 School name, city and state

9 10 11 12

Circle highest year completed

Did you graduate?

☐ ☐

Yes No

College

 College name, city and state

1 2 3 4

Circle highest year completed

Did you graduate?

☐ ☐

Yes No

Other

 School name, city and state

1 2 3 4

Circle highest year completed

Did you graduate?

☐ ☐

Yes No

If you attended college, what was your: _____
 Major Minor Highest degree earned

High School Equivalency Diploma (GED)? Date of diploma (M/D/Y) _____ Number _____

(This Section for Volunteer Use Only)

When are you available to volunteer? Please place an "X" in all boxes that apply.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6am-12 noon							
12 noon-6pm							
6pm-12 mid							
12 mid-6am							

Briefly tell us why you want to be an EMS Volunteer:

EXPERIENCE: In the space provided below, give a complete record of your employment, beginning with your present or most recent job. Account for all periods, including self-employment and unemployment. Use extra paper if necessary.

Employer: _____
Company name Company address Company Phone #

Your Job Title _____ Dates _____ Annual Salary _____
From (M/D/Y) To (M/D/Y) Starting Ending

Supervisor and Title _____ Reason for Leaving _____

DUTIES _____

Employer: _____
Company name Company address Company Phone #

Your Job Title _____ Dates _____ Annual Salary _____
From (M/D/Y) To (M/D/Y) Starting Ending

Supervisor and Title _____ Reason for Leaving _____

DUTIES _____

Employer: _____
Company name Company address Company Phone #

Your Job Title _____ Dates _____ Annual Salary _____
From (M/D/Y) To (M/D/Y) Starting Ending

Supervisor and Title _____ Reason for Leaving _____

DUTIES _____

Employer: _____
Company name Company address Company Phone #

Your Job Title _____ Dates _____ Annual Salary _____
From (M/D/Y) To (M/D/Y) Starting Ending

Supervisor and Title _____ Reason for Leaving _____

DUTIES _____

Are there any other experiences, skills or qualifications which will be of benefit in the job of EMT? If so, please explain below.

ORAL BOARD INTERVIEW -- Candidates who pass the written test will be invited to the oral board interview and will be notified as such. You must pass the Physical Ability Assessment to participate in the oral board interview phase.

IMPORTANT – READ THE INFORMATION BELOW AND SIGN YOUR APPLICATION

Do you understand that as part of the testing process you will be required to submit to a thorough background investigation, a psychological examination and as well as a physical fitness test, a physical examination and drug testing?

Yes ☐ No ☐

My signature below certifies that the information provided in this application is correct and truthful. I realize that falsifying any information submitted may be grounds for rejection of this application or termination of employment. I also give consent to the Town of Enfield to check previous employers, educational records, and references and release the Town of Enfield, its agents and employees from any liability that might arise from such disclosures. I further understand the acceptance of this application does not constitute an employment or volunteer agreement. Failure to completely fill out this application may result in my disqualification from any further consideration for employment. **I ACKNOWLEDGE THAT I HAVE READ THIS INFORMATION AND THAT I UNDERSTAND THE REQUIREMENTS FOR EMPLOYMENT WITH THE TOWN OF ENFIELD.**

Signature

Date

For the following question, exclude any convictions or arrests which have been erased from your record pursuant to Connecticut General Statutes §§ 46b-146, 54-76o or 54-142a. Erased records include the following: (a) a finding of delinquency or that a child was a member of a family with service needs; (b) a sentence as a youthful offender; (c) a criminal charge that was dismissed or "nolled"; (d) a criminal charge for which the person was found not guilty; and (e) a conviction for which the person received an absolute pardon. For erased convictions or arrests you are considered to have never been arrested and may swear so under oath.

Have you ever been convicted of a law violation other than a minor traffic offense: ____ Yes ____ No

If yes, please explain: _____

For purposes of this application, reckless driving, evading responsibility, engaging in pursuit, driving while impaired and driving while intoxicated are **not** considered minor traffic offenses.

Have you ever been fired or asked to resign from a job? ____ Yes ____ No If yes, please explain:

Are you a United States citizen or are you authorized to work in the United States: ____ Yes ____ No

Signature

Date

**TOWN OF ENFIELD
AFFIRMATIVE ACTION**

Each applicant for employment with the Town of Enfield is requested to provide the following voluntary information to be used solely for Affirmative Action reporting purposes. It will be detached when your application is filed and the information on it will be kept confidential and will not be considered in the employment process.

1. Ethnic Group (Please check one)
a. ☐ White b. ☐ Black c. ☐ Hispanic d. ☐ Native Amer./Alaskan Native
e. ☐ Asian/Pacific Islander f. ☐ Other _____
2. Sex: a. ☐ Male b. ☐ Female
3. Age: a. ☐ 16 or less b. ☐ 17-25 c. ☐ 26-40 d. ☐ 41-65 e. ☐ 66+
4. Type of work desired (please indicate one preference)
a. ☐ Administrative (Managerial or Dept. Head, etc.)
b. ☐ Professional (Asst. Dept. Head, Police Lieutenant, Recreation Spv., Librarian, etc.)
c. ☐ Technical (Engineering Aide, Police Sergeant, etc.)
d. ☐ Protective Service (Police Officer)
e. ☐ Office/clerical (Clerk-Typist, Secretary, Accounting Clerk, Dispatcher, etc.).
f. ☐ Skilled craft (Equipment Operator, Mechanic, etc.)
g. ☐ Service/Maintenance (Custodian, Laborer, Refuse Collector, etc.)
h. ☐ Summer employment
5. I applied to the Town of Enfield in response to:
a. ☐ Advertisement _____ (name of publication)
b. ☐ Connecticut Employment Service
c. ☐ Community or professional organization or Agency
Name: _____
d. ☐ Referred by a Town employee
e. ☐ Website _____ (specify which site)
f. ☐ Other

Name: _____
(Please print)

Address: _____
Street Town State Zip

Date: _____